



CITY OF  
WEST LAFAYETTE

**CLERK-TREASURER  
CITY OF WEST LAFAYETTE  
DIRECT DEPOSIT AUTHORIZATION**

Employees requesting direct deposit must complete this form and file with the Clerk-Treasurer. For new accounts, a voided check for checking accounts and a deposit slip for savings accounts must be submitted with this form in order to verify information. Failure to provide the proper documentation will delay your direct deposit processing.

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Name \_\_\_\_\_

Employee Number \_\_\_\_\_

New Account(s) ☐ Change(s) ☐

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Account #1	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>		
Name of Bank	Account Number	Amount

Account #2	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>		
Name of Bank	Account Number	Amount

Account #3	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>		
Name of Bank	Account Number	Amount

Account #4	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
New <input type="checkbox"/> Delete <input type="checkbox"/> Change Amt <input type="checkbox"/>		
Name of Bank	Account Number	Amount

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I authorize the Clerk-Treasurer of the City of West Lafayette to initiate credit entries or debit corrections to the checking and/or savings account(s) indicated above and the financial institution(s) named to credit the same to such account(s).

This authority is to remain in full force until the Clerk-Treasurer of the City of West Lafayette has received written notification from me of its termination in such timely manner as to afford the Clerk-Treasurer of the City of West Lafayette a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_